PATENT

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

SCHARP - 13 PCT

PCT NO.:

PCT/DE2005/0010198

PCT FILED: JUNE 20, 2005

SERIAL NO.:

11/630,218

TITLE:

COMPOSITE PISTON FOR AN INTERNAL COMBUSTION ENGINE

INFORMATION DISCLOSURE STATEMENT

Mail Stop: PCT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicant wishes to bring to the attention of the Patent Examiner the references listed on the enclosed Form PTO-1449 attached hereto. A copy of the International Search Report is enclosed. A copy of U.S. Patent No. 1,311,124 is not enclosed pursuant to current U.S.Patent and Trademark Office guidelines.

DE 32 49 290 is discussed in the specification on page 1. The remaining references were provided by Applicant.

Because this Information Disclosure Statement is being filed prior to a first Office Action, it is believed that no fee is due. However, if it is determined that a fee is due, the

Commissioner is hereby authorized to charge, or to credit any over payment, to our Deposit Account Number 03-2468.

It is respectfully requested that this Information Disclosure Statement be considered and placed into the application file.

Respectfully submitted,

Rainer SCHARP

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Enclosures:

PTO-form 1449 w/copies of thirteen (13) references

International Search Report

Express Mail No.: EV 928 188 583 US Date of Deposit: February 16, 2007

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, on the date indicated above, and is addressed to Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FORM PTO-14 (REV. 7-80)	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE				ATTY, DOCKET NO. : SHARP - 13 PCT			serial no. 11/630,218					
LIST OF REFERENCES CITED BY APPLICANT						APPLICANT: Rainer SCHARP							
(Use several sheets if necessary)						FILING DATE:	NTE:			GROUP:			
					U.S.	PATENT DOCUMENTS				-	.,		
EXAMINER INITIAL			DOCU	MENT NUMBER	DATE	NAME	NAME CLA		SUBCLASS	FILING DATE IF APPROPRIATE			
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